



Washington State
Department of Health
Podiatric Medical Board
Meeting Minutes
April 24, 2008

The meeting of the Washington State Podiatric Medical Board was called to order by David Bernstein, DPM, Chair, at 9:12 a.m. The meeting was held at the Davenport Hotel, 10 S. Post St., Spokane, Washington 99201.

Board Members

Participating:

David Bernstein, DPM, Chair
Stewart Brim, DPM, Vice Chair
James Porter, DPM
Amy Wong, Public Member

Staff Participating:

Blake Maresh, Executive Director
Arlene Robertson, Program Manager
Erin Obenland, Disciplinary Program Manager
Dori Jaffe, Assistant Attorney General
Joe Mihelich, Administrative Staff
Peter Harris, Staff Attorney

Public Attendees:

Gail McGaffick, Lobbyist, Washington
State Podiatric Medical Association

OPEN SESSION

1. Call to Order
 - 1.1 Approval of Agenda

The agenda was approved as published.

1.2 Approval of Minutes - January 24, 2008

The January 24, 2008 minutes were approved.

1.3 Approval of Conference Call Minutes - November
21/December 6, 2007

The minutes of the conference calls on November 21/December 6, 2007 were approved.

1.4 Approval of Conference Call Minutes - February 4, 2008

The minutes of the February 4, 2008 conference call were approved.

1.5 Approval of Conference Call Minutes - February 14, 2008

The minutes of the February 14, 2008 conference call were approved.

1.6 Approval of Conference Call Minutes - March 6, 2008

The minutes of the March 6, 2008 conference call were approved.

1.7 Approval of Conference Call Minutes - March 27, 2008

The minutes of the March 27, 2008 conference call were approved.

2. Revise HIV & Hepatitis Infection Control - P095-14
Discuss practice policies and procedures relative to
infection control in outpatient settings. Review the
current policy to update and expand the scope to include
additional medical diagnosis.

2.1 HIV & Hepatitis Infection Control - P095-14

- 2.1.1 Infection Control Recommendations for the
Podiatric Physician's Office
- 2.1.2 Centers for Disease Control and Prevention -
Standard Precautions
- 2.1.3 Interim Guidelines for Evaluation &
Management of Community-Associated MRSA SSTI
in Outpatient Settings and Recommendations-

Excerpts from Evidence-Based Monitoring
Strategies and Interventions for Antibiotic
Resistant Organisms January 2008 report
(Complete report may be viewed at
www.doh.wa.gov)

ISSUE

The Board's HIV and Hepatitis Infection Control policy was developed and adopted in 1993. New infectious diseases have been identified and new treatments have been implemented.

The Board reviewed the 1993 policy, the Centers for Disease Control and Prevention (CDC) Standard Precautions, and Interim Guidelines for Evaluation & Management of Community-Associated MRSA SSTI in Outpatient Settings - January 2008 report by the Infectious Diseases Society of Washington. The Board's policy is very limited in scope and does not include many of the infectious diseases encountered in today's medical practices.

ACTION

The Board renamed the policy "Infection Control". For the purposes of infection control, the Board refers all podiatric physicians to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Infection Control Guidelines. This change will encourage consistency for treating infectious diseases among all health care providers.

The CDC has researched and developed a collection of guidelines which pertain to keeping patients and healthcare workers in health care settings protected from infectious diseases. The Infection Control Guidelines are a common resource for healthcare providers throughout the country.

The Board requested staff notify the Medical Quality Assurance Commission and Board of Osteopathic Medicine and Surgery of the change made to the HIV & Hepatitis Infection Control policy.

3. Disciplinary Issues
 - 3.1 Summary of Sections that pertain to Boards and Implementation of Fourth SHB 1103
 - 3.1.1 Establish daily monetary fine

ISSUE

Implementation of 1103 requires the Board to set a fine for failure to produce documents, records or other items requested during investigations or audits. The fine can be up to \$100 per day but may not exceed \$5000 per investigation.

ACTION

The Board approved a maximum fine of \$100 per day for failure to cooperate during an investigation.

- 3.1.2 Disciplinary Sanctions - Appoint a representative to review and collaborate on developing a schedule with other boards/commissions
 - 3.1.2.1 Sanction Guidelines
 - 3.1.2.2 Tracking Sanctions/Usage

ISSUE

The 1103 Legislation requires adoption of sanctioning guidelines. All boards and commissions identified in RCW 18.130.040(2)(b) shall appoint a representative to review the secretary's sanction guidelines and other guidelines adopted by any of the boards and commissions and collaborate to develop a schedule that defines appropriate ranges of sanctions. The sanctions must apply to all disciplining authorities. The recommendations must be back to the Secretary by November 15. The Secretary is required to have rules in place by January 1, 2009.

ACTION

Since the meetings are likely to be in Western Washington, it is difficult for the Eastern Washington members to attend. The representative should be a podiatric physician with some experience in the disciplinary process to provide valid input. When there is more definite information on the times and locations of the meetings, one of the board members will try to attend.

4. Rules

4.1 Mandatory Reporting Rules - Update on status

Ms. Robertson advised that the mandatory reporting rules were filed in March. However, due to additional requirements in 4SHB 1103, the rules will need to be

revised. The Department will be filing a CR 101 to begin the rules process.

- 4.2 Amending definitions and establishing standards for prescribing orthotic devices
 - 4.2.1 Background RE: Are those Orthotics Really Custom-Made? (David J. Marko)
 - 4.2.2 Orthotic devices defined - DRAFT
 - 4.2.3 Orthotic Prescription - DRAFT

Review of the draft language was tabled. Proposed language will be considered at the next meeting.

- 4.3 Office-based Surgery - Administration of Sedation and Anesthesia, including necessary training and equipment requirements.
 - 4.3.1 MQAC draft
 - 4.3.2 Generic draft re: use of sedation in office based surgery
 - 4.3.3 Federation of State Medical Board Guidelines
 - 4.3.3.1 Federation of State Medical Board elements

ISSUE

As required by ESHB 1414 (2007), the Board is required to develop rules for using sedation in office based surgeries. Facilities and Services Licensing (FSL) will be developing rules which will regulate office based surgeries using anesthesia.

ACTION

Several drafts and national guidelines were reviewed. The Board was unable to make a recommendation since the proposed rules for Ambulatory Surgical Facilities have not been received from FSL. It is anticipated a draft will be available before the conference call meeting in July.

- 5. Scope of Practice
 - 5.1 Delegation of Drugs - Clarification requested by Susan Scanlan, DPM, Executive Director, Washington State Podiatric Medical Association
 - 5.1.1 WAC 246-922-100 Acts that may be delegated to an unlicensed person
 - 5.1.2 Administration of Rota Teq Vaccine/Frequently Asked Questions-Administration of Oral Vaccines/Prescribing Authority in Washington

ISSUE

Dr. Scanlan requested clarification about podiatric physicians delegating administration of drugs. WAC 246-922-100 states that delegation may be made to an unlicensed person to deliver a sedative drug in an oral dosage form to a patient. The unlicensed person may also assist in administration of nitrous oxide, but cannot start or adjust the flow of the gases unless instructed to do so by the podiatric physician.

ACTION

Since several questions about administration of vaccines and other drugs have been raised recently, the Board indicated it may be time to update the rules. The Board approved filing a CR101 to open up WAC 246-922-100 to discuss administration of medications by unlicensed and licensed individuals.

6. Program Manager Reports 6.1 Budget Report - April 2008

Ms. Robertson indicated the April report reflects a moderate balance of the allotment that has not been spent. This has created a small increase in the overall account balance.

6.2 Fee Setting Model - 07-09 Biennium

ISSUE

The fee setting model for the podiatry program was reviewed. Costs were projected over the next three biennium. Salaries and disciplinary costs are the areas expected to have the greatest increases. The proposal increases application and renewal fees.

The proposed license renewal fees would increase by \$175 to \$1,025 (includes \$25 substance abuse monitoring fee and \$25 U of W library fee) and initial applications increase from \$825 to \$975. Other fees are also being increased, including the cost of licenses for those in residency training.

ACTION

Dr. Brim and Ms. Jaffe agreed to write a letter to Secretary Selecky to obtain information on the process for revising the fees. The Board asked the following questions.

- 1) Why was the Board not consulted prior to fee increases being proposed for the profession as provided for in the operating agreement between the Department of Health and the Podiatric Medical Board?
- 2) How were the increases determined for the podiatric licensing and renewal fees?
- 3) Which budget items are projected to have the largest increases?

The Board indicated significant fee increases not only impact podiatric physicians currently practicing in Washington but those individuals considering establishing practices here. A large application and renewal fee is a deterrent to attracting more licensees. Excessive fees put a significant burden on a small profession, such as podiatric physicians, who have approximately 300 licensees to pay for the program costs.

6.3 Washington Physicians Health Program - February Statistical Information

The February statistical report was provided. No action was required.

6.4 Operating Agreement between the Department of Health and the Podiatric Medical Board

ISSUE

It has been several years since the operating agreement was written. There have been Legislative changes and the Department reorganization which will impact operations. Some sections of the Operating Agreement are no longer applicable.

ACTION

The Board determined to not renew the Operating Agreement. The Board wants to review and propose modifications of some sections before returning it to the Secretary for her consideration.

Staff will review the Operating Agreement and note the sections that are outdated. The Board will review the Operating Agreement at a future meeting, make suggested revisions, and return it to Secretary Selecky for consideration.

7. Executive Director Reports
7.1 Department/Division Updates

Mr. Maresh provided updates on the adoption of the mandatory reporting rules, unintentional opioid deaths workshop, fee increases, B/C/C Survey, the upcoming B/C Leadership Forum in May, the AIM/FSMB annual meeting, and HSQA reorganization to be phased in between May 1 and July 1.

8. Legislation Topics/Issues

Mr. Maresh outlined activities for implementing 4SHB 1103 and the impact on Board operations. Major changes include: the summary suspension process; delegation of final decision-making to a presiding officer will be prohibited in standard of care or cases that require clinical expertise; sexual misconduct discipline that do not involve standard of care or clinical expertise will be under the Secretary's authority; criminal background checks will include national data bank searches; and use of a sanctioning schedule is mandated and must be adopted into rules. The Legislation also created five year pilot projects for Medical, Nursing, Dental and Chiropractic to operate their programs semi-autonomously but still within the Department administration.

9. (*Open Session*) Settlement Presentations
(Presentations are contingent upon agreements being reached between the parties prior to a board meeting.)
Decisions are made in Executive Session.

None were presented.

CLOSED SESSION

10. Stipulation to Informal Disposition Presentations
(Scheduled as needed.) Decisions are made in Executive Session.

None were presented.

11. Investigative Authorizations

There were no authorizations.

12. Disciplinary Case Reviews - Reviewing Board Member Reports

<u>CASE NUMBER</u>	<u>CASE DISPOSITION</u>
2007-08-0002PO 2007-9253	Closed no cause for action; risk minimal and not likely to reoccur
2008-01-0002PO 2008-8921	Stipulation to Informal Disposition
2007-10-0002PO 2007-9060	Closed no cause for action; evidence does not support a violation

13. Compliance Report

There was no compliance report.

14. Open Case Report

The list of open cases was provided.

15. Application Review

There were no applications for review.

16. Executive Session - Personnel Matters

Mr. Maresh indicated personnel changes will likely occur as the Medical pilot and the reorganization are implemented. Mr. Maresh also noted he is working on some ideas to have a new program manager work with Ms. Robertson for a few weeks prior to her retirement. It is difficult to double-fill positions under the personnel system but hopefully a training period can occur before Ms. Robertson leaves.

The meeting adjourned at 3:35 p.m.

Respectfully submitted

Arlene Robertson
Program Manager

NOTE: PLEASE VISIT THE PODIATRIC MEDICAL BOARD'S WEB SITE FOR FUTURE AGENDAS AND MINUTES. WWW.DOH.WA.GOV , GO TO LICENSING AND CERTIFICATION AND YOU WILL FIND A LIST OF THE HEALTH PROFESSIONS, GO TO PODIATRIC PHYSICIANS FOR AGENDAS AND MINUTES.
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